Is there a quick and safe disinfectant practicable, that will suit the requirements of spores and plumbing and will not disable the finances of private patient or struggling hospital?

Then as to method, a young nurse might forget the necessity of quantity. A large typhoid stool needs a large amount of disinfecting fluid. The excreta, enteric and renal, should be *well submerged* in the disinfectant, and if, as often happens, constipation follows quickly after the diarrhœa, a lack of perfect *incorporation* with the disinfectant may send out into the sewer quantities of dangerous viable bacteria. Then, do we not all require stern warning with regard to flies? Of course most nurses would scorn the need of such warning relative to vessels,—but what of that little spot on sheet or robe? Who will find it first, the conscientious nurse or the indefatigable fly?

In typhoid, quite as much as in surgical nursing, the nurse stands sentry at the very frontier of the enemy's country.

L. N. I., R.N.

[We hope the suggestions given in the above letter may bring a further discussion of the subject,—the proper disposal and disinfection of excreta, not only in typhoid but in other diseases. We shall welcome short articles to be included under Practical Suggestions, or long ones for the body of the JOURNAL. Science has made great strides in knowledge along these lines during recent years, and the nurse who was trained long ago, and who is doing conscientious work, though ignorant of the latest discoveries, will welcome information from those whose opportunities have been larger than her own.—ED.]

CARE OF THE FEET

DEAR EDITOR: The article upon "The Care of the Feet" in the May number of the JOURNAL, is so practical and helpful upon the subject, that I would like to add two hints.

In trimming the nail of the toe having the ingrowing nail, as well as trimming straight across and raising the corners with cotton, the surface can be scraped in the middle from the upper edge downward, and the edges trimmed deeper in the middle than elsewhere to favor the corners growing upward.

Nurses have more trouble with their feet than any other class of women, and the trouble arises while in training, owing to the lack of knowledge in fitting shoes to feet, on the part of the nurse as well as the shoe dealer. There is nothing that requires more careful intelligence than the right fitting of shoes. Not more than one man in fifty who sells shoes can find a shoe adapted to a foot, or knows how to go about

procuring one. The matter requires as much individuality as any other in existence. Generally speaking the broad toe and flat, low heel are the best; but one must consider how much width is needed across the ball of the foot before deciding upon the last. If a good deal of width is required in that part of the shoe, a last broader in proportion at that part than elsewhere, is necessary. The part which fits the heel should not be too loose and that about the upper part of the foot snug enough to support it firmly, and should be laced; in buying, get it small enough to allow for stretching from wear. A foot with a good deal of arch at the sole requires a little higher heel than the usual low, flat heel, to bring the heel of the foot on a level with its arch. The heel for such a shoe usually requires two or three extra lifts.

A buttoned shoe and a low shoe look well, but should never be worn by a person on her feet a great deal, as they do not give support to the upper part of the foot sufficient to prevent friction across the toes and a slipping of the foot forward, thus causing corns and bunions.

The shoe should fit every part of the foot, and a last should be selected which is adapted to the individual foot. Where it is impossible to get a ready-made shoe that will exactly fit, it is almost always possible to get one made, according to measurement, by machine, at very little more cost, whereas a hand-made shoe, to order, is very expensive.

E. C. H.

AN OLD QUESTION ASKED ANEW

DEAR EDITOR: *Just what is required of the nurse in the private home?* Recently an article in the New York *Sun* attracted my attention. "A chance for a new calling, that opens a profitable field for young women; great need for working nurses who will do the little things that the trained nurse sniffs at," is the way the article is headed and which goes on to say that the regular trained nurse of to-day absolutely refuses to sweep or dust her patient's room, from the fact that she cannot do menial labor, and that if asked to perform some slight or trivial service she appears positively shocked.

Is this true? I, for one, in the great body of graduate nurses, feel that it is not, and while I do not for a minute think of us as taking the place of a servant, I do feel that we, as a body of intelligent women, have too much good *common sense* or *mother wit* to retard the recovery of our patients by allowing them to worry over little things left undone, oftentimes, which we could so easily, and without lowering our dignity in the least.

Of the many nurses with whom I am personally acquainted, I am